West Bengal Form No. 815

Plate No. .....

Register No. RG180069842

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Rina Biswas ..... Age..... 32 yr ..... Sex..... female .....

Address.....

Physician / Surgeon..... unit II Ns. ..... Ward..... TW ..... No. of Bed / Cabin ..... 88 .....

Paying / Non Paying ..... non paying .....

Brief history of case

Clinical Diagnosis — left spen-tel being SOL

Particulars point to be Investigated — MRI Brain (plain + contrast)

Instruction

Date..... 5/10/18 .....

Signature.....

REPORT

Notes : (1) This form should, except in urgent cases, by signed by the Visiting Staff.
(2) A note should, in all fracture cases, be made as to whether the splints may be removed.
(3) The time at which a Bismuch meal has been given should be noted.
(4) In the M. C. H. this form should be sent to the X-Ray Department at 8.30 a.m.